ion: HCFA-PM-91-

1991

(BPD)

State: COLORADO

ATTACHMENT 2.6-A Page 11 OMB No.: 0938-

Citation	Condition or Requirement	
	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements	
	SSI methods only.	
	SSI methods and/or any more liberal methods than SS described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .	I
	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are	<u>o</u>

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

specified in Supplement 8a to ATTACHMENT 2.6-A.

Approval Date 6/11/92 TN No. Effective Date 10/1/91 92-2 Supersedes TN No. 89-23

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	COLORA	NDO
	ELIGIBILITY CON	NDITIONS AND REQUIREMENTS
Citation(s)	Condi	ition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	Cl Cl se ar	overty level pregnant women, infants, and nildren. For pregnant women and infants or nildren covered under the provisions of ections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act
	_	determining countable income: The methods of the State's approved AFDC plan.
		The methods of the approved title IV-E plan.
	_	The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
	_	The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-14
Superseder Approval Date 6/1192 Effective Date 1/192
TN No. 92-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	COLOR	ADO				
	ELIGIBILITY	CONDIT	IONS AND R	EQUIREMENT	s	
Citation(s)	Co	nditio	n or Requi	rement		
			responsibi the income household income of	of spouse as availab parents as h parents	agency cores living in the second core in the secon	siders only in the same uses and the e to children
1902(e)(6) of the Act			eligible u 1902(a)(10 regard to family of 60-day per	o) of the A any change which she liod after ling days i	orovisions act as eliques in incom is a membe her pregna	of sections gible, without
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	deter Medic 1902(mining cou are benefi	care beneficated included incl	come for quovered under	ualified er section
			The method	ls of the S	SSI program	only.
				described i		iberal methods ent 8a to
				utional co under sect		e methods e)(5) of the

TN No. 93-001
Supersedes
TN No. 92-14
Approval Date MAY'28 1993
Effective Date 10/1/92

State:

COLORADO

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Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most receive increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the dist day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No.	93-008		11	. = 10.2			_
Supersed	es	Approval Dat	te 4	7+193	Effective 1	Date 1/1/93	
TN No.	92-14						_

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A Page 12b October 1991 State/Territory: COLORADO Citation Condition or Requirement 1902(u) COBRA Continuation Beneficiaries (h) of the Act In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: The disregards of the SSI program; The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

TN No. 929
Supersedes Approval Date 6/16/92 Effective Date 10/19/
TN No. New HCFA ID: 7985E

on: HCFA-PM-91-

(BPD)

1991

ATTACHMENT 2.6-A Page 13 OMB No.: 0938-

State: COLORADO

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

X/

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1502(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. Supersedes	92-2	Approval Date 6	111 92	Effective Date _	10/1/91
TN No.	87 - 14				

ion: HCFA-PM-91-

(BPD)

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1991

State: COLORADO

OMB No.: 0938-

Citation	r
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Condition or Requirement

42 CFR 435.732, 435.831 Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either _____ or ___ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.
 - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted . unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. <u>92-2</u>	Approval Date 6/11/92	Effective Date10/1/91
Supersedes	\ \	
TN No. <u>87-14</u>		

HCFA ID: 7985E

Revision: HCFA-PM-91-8 ATTACHMENT 2.6-A Page 14a (MB) October 1991 COLORADO (NONE) OMB No. State/Territory: Citation Condition or Requirement a. Medically Needy (Continued) 1903(f)(2) of

the Act

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 92-9 Supersedes Th no. Lew

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Approval Date 6/16/92

Effective Date

HCFA ID: 7985E/

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ATTACHMENT 2.6-A Page 15

OMB No.: 0938-

State: COLORADO

Citation

Condition or Requirement

b. <u>Categorically Needy - Section 1902 (f) States</u>

42 CFR 435.732

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- Any SSI benefit received. (1)
- Any State supplement received that is within the scope (2) of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- Other deductions from income described in this plan at (4) Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No	92-2
Supersedes	
-	87-14

Approval Date 6/11/92

Effective Date 10/1/91

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A Page

State/Territory:

Citation

Condition or Requirement

4.b. Categorically Needy - Section 1902(f) States Continued

1903(f)(2) of the Act

_ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No. 92-9 Supersedes TN No. Nei

Approval Date 6/16/92

Effective Date

HCFA ID: 7985E/